



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 6147

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/301,842	04/29/1999	604	1641	P0008383.00		
RULE						
APPLICANTS BRIAN C.A. FERNANDES, ROSEVILLE, MN; MAURA G. DONOVAN, ST. PAUL, MN; RANDALL V. SPARER, ANDOVER, MN; JESUS W. CASAS-BEJAR, BROOKLYN PARK, MN; MARK W. TORRIANNI, SAN JUAN CAPISTRANO, CA;						
** CONTINUING DATA ***** This application is a CIP of 09/063,227 04/20/1998 ABN and claims benefit of 60/117,837 01/29/1999						
** FOREIGN APPLICATIONS *****						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/20/1999						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	MN	19	75	11
Verified and Acknowledged	/ANN Y LAM/ Examiner's Signature					
ADDRESS MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924 UNITED STATES						
TITLE IMPLANTABLE MEDICAL DEVICE WITH ENHANCED BIOCOMPATIBILITY AND BIOSTABILITY						
FILING FEE RECEIVED 2374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees (Filing)		
				<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
				<input type="checkbox"/> 1.18 Fees (Issue)		
				<input type="checkbox"/> Other _____		
				<input type="checkbox"/> Credit		